APPLICATION FOR UNITED STATES PATENT Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

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my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor

FATIG	UE STRENGTH, STEE	L FOR SUCH SPRING, A	ND METHOD OF MAI	NUFACIURING SUCH SPRIN
described and cla	aimed in the specification:			
Check one				
	attached hereto.			
b.	☐ filed on	as Application Serial No	and an	
amended by any I acknowle accordance with	amendment referred to abo edge the duty to disclose in Title 37, Code of Federal	nd understand the contents of the ve. formation of which I am aware verse Regulations, § I .56(a). Under one year prior to this application	which is material to the ex Title 35, U.S. Code § 1	camination of this application in
	Japanese Pa	atent Application No. 2	003-114829 filed A	April 18, 2003
	ca either (a) more than on	t or inventor's certificate on this e year prior to this application,		_
If there are no co insert "NONE" .	orresponding applications,	NONE		
-	appoint the following as not transact all business in the	ny attorneys of record with full e Patent Office:	power of substitution a	nd revocation to prosecute this
ALL CO	Thomas J. Pard RRESPONDENCE IN C	5; William P. Berridge, Reg: No lini, Reg. No. 30,411 and Edwar ONNECTION WITH THIS A XANDRIA, VIRGINIA 22320,	d P. Walker, Reg. No. 31 APPLICATION SHOUI	,450. LD BE SENT TO OLIFF &
own knowledge statements were both, under Sect application or ar	are true and that all state made with the knowledge to ion 1001 of Title 18 of the many patent issued thereon.	and understand the contents of the contents made on information and that willful false statements and the United States Code and that such	d belief are believed to the like so made are punish	be true; and further that these able by fine or imprisonment, or
Typewritten Full		achi		YOSHIKAWA
of Sole or First I	Given N		e Initial	Family Name
Inventor's Signa		Tdidetochi Yo		
Date of Signatur	·	March	17	2-04
Date of Signatur		Month	Day	Year
	Nogova shi		,	
s	Nagoya-shi City	Aichi State on Province	JAPA Country	IN
Residence	LITV	State or Province	Country	
Residence	Japanese			

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

^{**}Note to Inventor: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5. IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE 🗵

PAGE 2 OF U.S.A. DECLARATION FORM

(Discard this page in a sole inventor application)

3	Typewritten Full Name of	Takayuki		SAKAKIBARA		
	Third Joint Inventor (if any)	Given Name	Middle Initial	Family Name		
*4	Inventor's Signature →	Jakaryuki Sakak		kibara		
*5	Date of Signature →	march	18	2004		
		Month	Day	Year		
* 6	Residence Nagoya-shi	Aichi		JAPAN	_	
*7	City Citizenship Japanese	State or Province		Country		
8	Post Office Address	c/o CHUO SPRING CO., LTD., 68 Kamishiota, Narumi-cho,				
Ü	(Insert complete mailing address, including country)	Midori-ku, Nagoya-shi, Aichi 458-8505, JAPAN				
	uddress, including country)	mastrica, mayoya om, mom too oood, om mit				
3	Typewritten Full Name of	Masami		WAKITA		
	Fourth Joint Inventor (if any)	Given Name	Middle Initial	Family Name		
*4	Inventor's Signature →	Masama	Wakita			
*5	Date of Signature →	Marc	h 23	2004		
		Month	Day	Year	_	
*6	Residence Nagoya-shi	Aichi		JAPAN	_	
	City	State or I	Province	Country		
*7 Citizenship <u>Japanese</u>				001/	_	
8	Post Office Address (Insert complete mailing	c/o CHUO SPRING CO., LTD., 68 Kamishiota, Narumi-cho,				
	address, including country)	Midori-ku, Nagoya-shi, Aichi 458-8505, JAPAN				
3	Typewritten Full Name of					
,	Fourth Joint Inventor (if any)	Given Name	Middle Initial	Family Name		
*4	Inventor's Signature →					
*5 Date of Signature →						
		Month	Day	Year		
*6	ResidenceCity	G				
*7	City	State or Province		Country		
* /	1				_	
8	Post Office Address (Insert complete mailing				_	
	address, including country)				_	
3	Typewritten Full Name of			÷		
	Fifth Joint Inventor (if any)	Given Name	Middle Initial	Family Name		
*4	Inventor's Signature →				_	
*5 Date of Signature →					_	
		Month	Day	Year		
*6 ResidenceCity		State or Drawing-		Country	_	
*7	Citizenship	State or Province		Country		
8					_	
o	(Insert complete mailing					

^{*}Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.